

Please complete all information in this application form. Print in ink or type. The minimum initial contribution is **\$5,000** and the minimum additional contribution is **\$1,000**. If you need assistance, you may contact your financial advisor or call **866-803-0389**.

Return completed forms to:

Renaissance Charitable Foundation
8910 Purdue Rd., Suite 555
Indianapolis, IN 46268

Fax: 877-736-4620

Email: rcf@reninc.com

DONOR-ADVISED FUND INFORMATION

Your fund can be named after you or your family, or it can reflect an area of interest to you (e.g. John Donor Family Fund, or the Donor Fund for the Arts). Unless you choose to remain anonymous, the name of your fund will be used in correspondence to the charitable organizations that receive grants from the fund.

Fund name

Recommended Primary Charitable Purpose **not required*

DONOR INFORMATION**DONOR OF RECORD***

☐ Mr. ☐ Mrs. ☐ Ms.

Full name

Date of birth

Social Security number

Street address

City/State/Zip

Home phone

Business phone

Email address

ADDITIONAL DONOR*

☐ Mr. ☐ Mrs. ☐ Ms.

Full name

Date of birth

Social Security number

Street address

City/State/Zip

Home phone

Business phone

Email address

** Reports will be mailed to the Donor of Record only.*

** If you need to add more than 2 donors, you can add supplemental blank pages with details*

PROOF OF FUNDING

Please have your Financial Advisor complete the Investment Account Application to establish a new investment account in the name of Renaissance Charitable Foundation Inc. ***You or your financial advisor must initiate all transfers to Renaissance Charitable Foundation, Inc.***

ESTIMATED VALUE

\$ _____
Estimated Value

Once Investment Account has been funded, please provide PROOF OF FUNDING to rcf@reninc.com. This can be a screenshot of the transaction in the receiving RCF DAF investment account, but must include the account number and contribution details.

OTHER ASSETS

If you wish to contribute an asset other than cash or publicly traded securities, please call the Foundation to discuss the review process.

FINANCIAL ADVISOR

You may recommend an investment manager for your fund; however, final selection is made by Renaissance Charitable Foundation Inc. All managers retained by the Foundation must adhere to the Foundation's investment policies.

The Investment Policy Statement is included behind this application and must be reviewed prior to submitting application.

Company

Name

Street address

City/State/Zip

Phone Number

Fax Number

Email address

Identify the name of your clearing firm

FUND SUCCESSORS AND CHARITABLE BENEFICIARIES

** Information can be provided at a later time, does not need to be completed in order to set-up new account.*

Donors have the option to recommend what should occur with the Fund upon their death. There are three options:

- (1) The Donors name one or more successors to the Fund to succeed the Donors after their death (Fund Successors).
- (2) The Donors recommend specific Charitable Beneficiaries to receive either
 - (A) all of the remaining assets with respect to the Fund, OR
 - (B) annual grants from the remaining assets in the Fund (the recommended annual grants may be a percentage of the annual value of the Fund or a set dollar amount per charity, but, if the aggregate value of the annual grants is less than 4% of the annual value of the Fund, RCF may increase the grants pro rata so that the aggregate value of the annual grants is 4% of the annual value of the Fund).
- (3) The Donors make a recommendation in a letter of instruction delivered to RCF. Letters of instructions typically are used in connection with large contributions and include a level of specificity beyond the scope of this form.

Please fill-in either the Fund Successor(s) section immediately below OR the Charitable Beneficiary(ies) section immediately thereafter (or attach a letter of instruction).

FUND SUCCESSOR(S)

Upon the death or incapacity of all of the original Donors of the Fund, please select one of the following options:

- ☐ Successors will succeed the prior grant advisor and share equal rights to make recommendations.
- The Fund will split and be divided equally into separate Funds. Your financial advisor will contact the successors to name each newly created Fund, and, if necessary, to reallocate investments and to name advisor(s) and successor(s) to the newly created Fund.
- ☐ created Fund.

SUCCESSOR 1:

Full name	Date of birth	
SSN/TIN		
Street Address of Residence (no P.O. Box address)	City/State/Zip	
Mailing Address (if different from above)	City/State/Zip	
Home phone	Business phone	Mobile Phone
Email address		

SUCCESSOR 2:

Full name	Date of birth	
SSN/TIN		
Street Address of Residence (no P.O. Box address)	City/State/Zip	
Mailing Address (if different from above)	City/State/Zip	
Home phone	Business phone	Mobile Phone
Email address		

- OR -

CHARITABLE BENEFICIARY(IES)

Donors may elect that upon the death of all original donors, the remaining assets in the Fund are granted to charitable organizations either immediately or in an annual amount of at least 4% of the annual value. If one of these is the intended option, please complete this section in its entirety. In the event the recommended charity no longer exists or does not qualify to receive grants from a donoradvised fund, RCF will award grants to a charity similar to the original charity.

Recommendation:

(please check the applicable box)

- ☐ Grant Of The Balance Of The Fund Assets
- ☐ Annual Grant Of The Annual Value Of The Fund (Not Less Than 4%)

CHARITABLE ORGANIZATION 1:

Official Name

Mailing Address (grants are mailed directly to the charitable organization)

City

State

Zip

Tax ID Number (if known)

Email Address (if known)

Organization's Website (if known)

Contact Person at Organization

Contact Phone

If an Annual Grant is Recommended, the annual grant to Charitable Organization 1 shall be either _____ % of the Annual Value, or
\$ _____ .

CHARITABLE ORGANIZATION 2:

Official Name

Mailing Address (grants are mailed directly to the charitable organization)

City

State

Zip

Tax ID Number (if known)

Email Address (if known)

Organization's Website (if known)

Contact Person at Organization

Contact Phone

If an Annual Grant is Recommended, the annual grant to Charitable Organization 1 shall be either _____ % of the Annual Value, or
\$ _____ .

**if you need to add more than 2 charitable organizations, you can add supplemental blank pages with details*

ACKNOWLEDGMENT

The undersigned donor, (hereafter referred to in the first person singular), makes an irrevocable and nonrefundable gift for charitable purposes to Renaissance Charitable Foundation Inc. (the "Foundation"). By signing below, I hereby acknowledge that I have read this Application and the Foundation's program circular, and I agree to the terms and conditions set forth in this Application and the Circular. I certify that, to the best of my knowledge, all information presented in connection with this Application is accurate and agree to notify the Foundation promptly of any changes. I also understand that my capacity as a Grant Advisor is advisory in nature and that the Foundation has the sole and exclusive authority and discretion to invest and disburse the property hereby transferred.

Signature

Date

Printed Name of Donor

Signature

Date

Printed Name of Donor

**If married, both donors should sign*

RETURN COMPLETED FORM TO:

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Indianapolis, IN 46268

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Email: rcf@reninc.com

or visit our website at:

<https://rcf.donorfirstx.com>